

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bay Mills</i> Town		County <i>St Marys</i>		MARYLAND	
Date of death	1908	Month	1	Day	23
Age	83	Years	83	Months	
Sex	Male	Color or Race	White	Birth-place	Ill
Occupation	<i>Marshall</i>		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife <i>Gertrude A. Gandy</i>		
Father's Name	<i>Melvin Martin</i>		Father's Birthplace <i>Ind</i>		
Mother's Maiden Name	<i>Rosa Stone</i>		Mother's Birthplace <i>Ind</i>		
Name of person giving information	<i>Conie Martin</i>		How related to deceased <i>Wife's Sister</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Intestinal</i>	How long	<i>5 yrs</i>
Immediate	<i>Stomach</i>	How long	<i>10 yrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. King</i>
		Address	<i>1115 1/2 St</i>
Accident or Suicide?	<i>Accident</i>		



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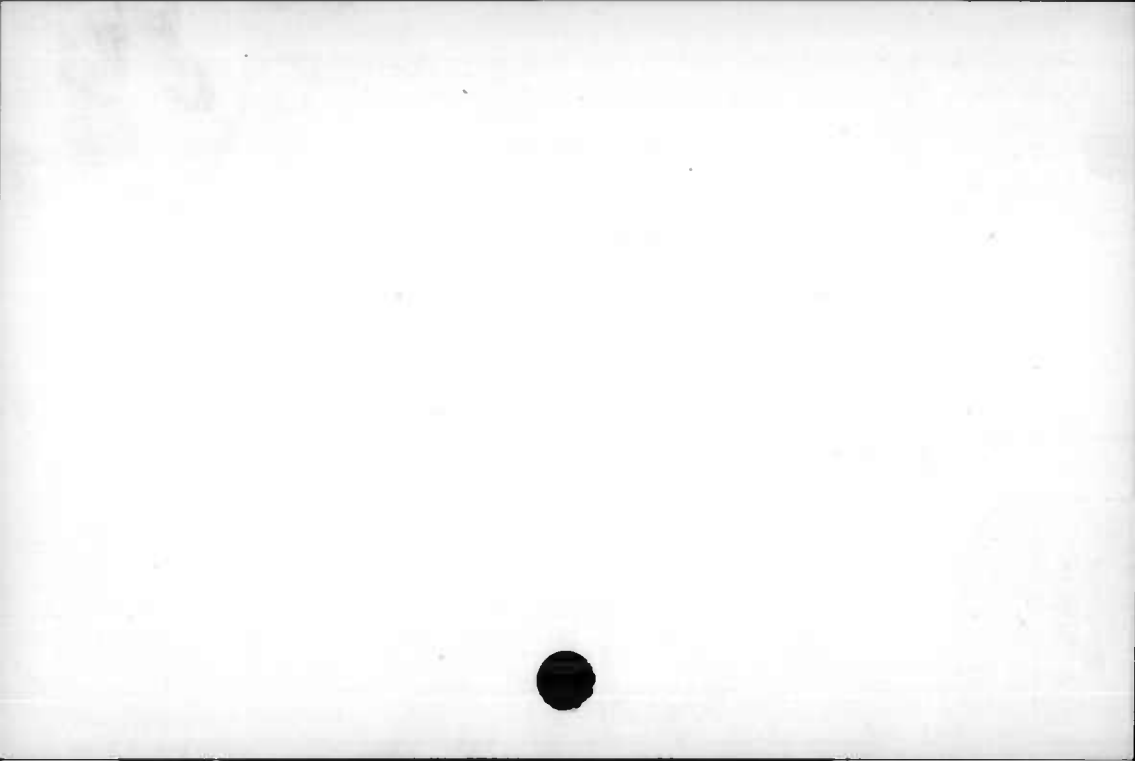
Died at <u>Hillville</u> ^{Town}		<u>St Marys</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>4</u>	Age <u>1</u>	Months <u>10</u>	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Ind</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Corroll Nolan</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Katie Highland</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Henry Highland</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <u>Croup</u>	How long <u>4 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. O. King</u>
<u>so far as I know</u>	Address <u>Barrett</u>
Accident or Suicide?	<u>Ind</u>



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Mary Jones

CERTIFICATE OF DEATH

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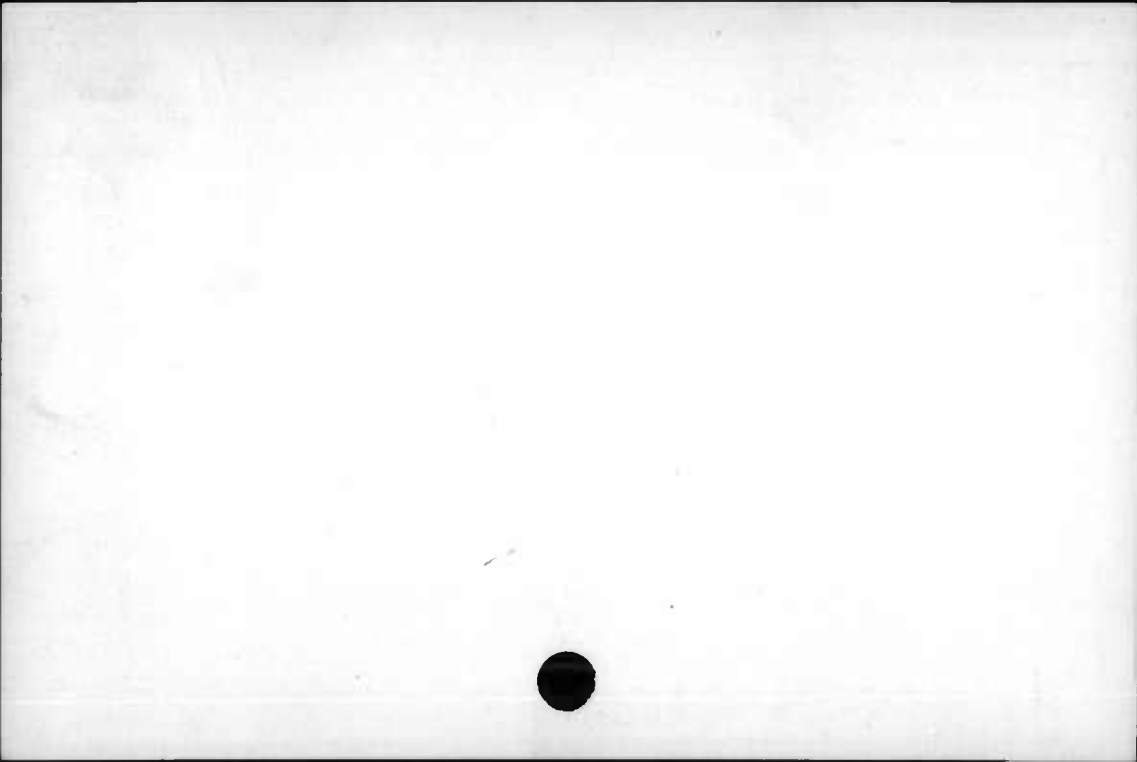
Died at		Town <i>Beltsville</i>		County <i>St Marys</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		1	13	61			
Sex		Color or Race		Birth-place			
Female		Black		Md			
Occupation		Where Residing if not at place of death					
<i>Highland</i>							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
<i>John Jones</i>		Md					
Mother's Maiden Name		Mother's Birthplace					
<i>Dorothy Brown</i>							
Name of person giving information		How related to deceased					
<i>Robt Curtis</i>		Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>12 mos</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. J. King</i>	
		Address	
		<i>Beltsville Md</i>	
Accident or Suicide?			

27



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Grove Newton

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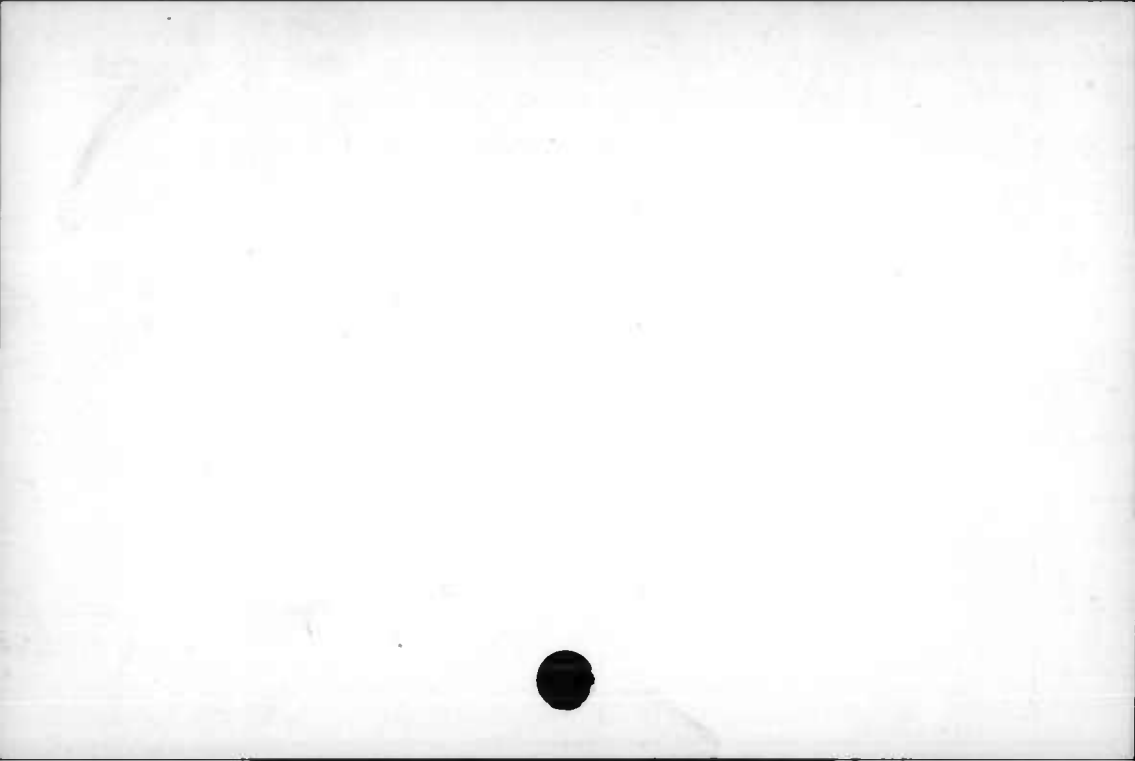
Died at <u>Holly wood</u> ^{Town}		<u>St Mary's</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>10</u>	Years <u>17</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Ind.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single <u>Widowed</u>			Name of Wife or Husband <u>Phillie Newton</u>		
Father's Name <u>Don't know</u>			Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>Don't know</u>		
Name of person giving information <u>Eddie Garton</u> ✓			How related to deceased <u>none</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Heart failure & dropsy</u>	How long <u>12 mrs</u>
Immediate <u>Pneumonia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. O. Riley</u>
	Address <u>Adk. Hill</u>
Accident or Suicide? <u>Indec</u>	



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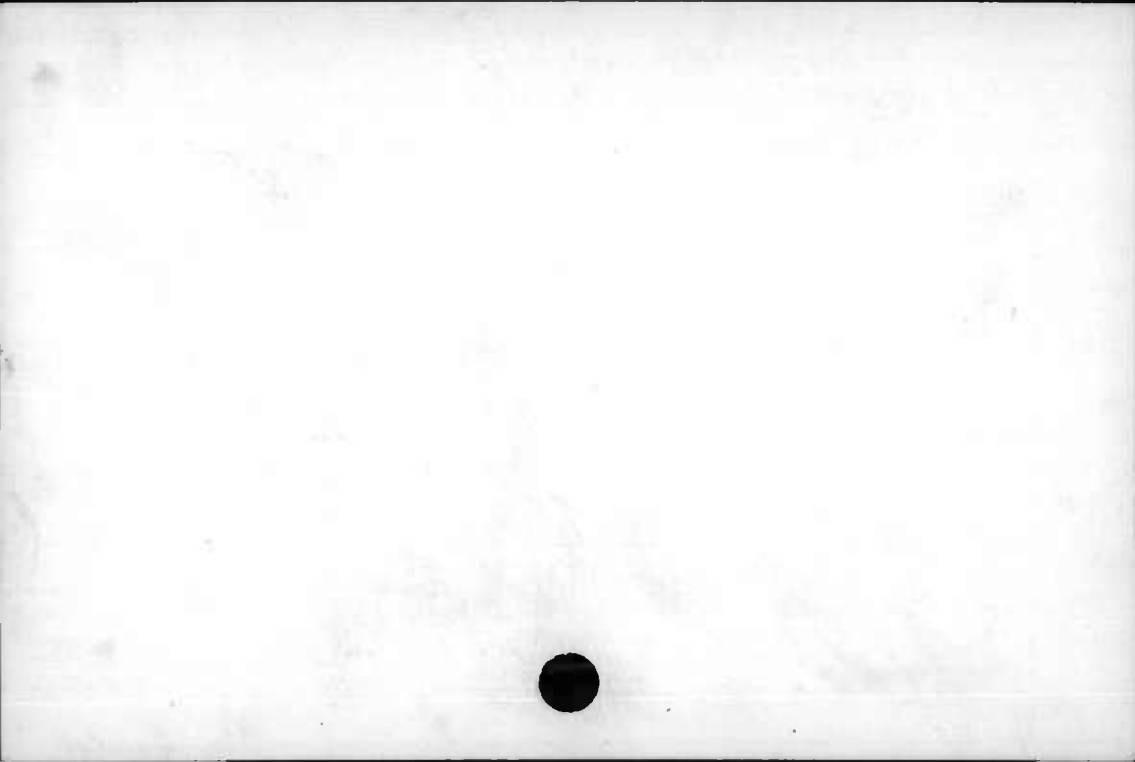
Died at <i>near Ryeville</i> ^{Town}		<i>St Marys</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year}	<i>July</i> ^{Month}	<i>15</i> ^{Day}	Age <i>66</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>dont know</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary L Ryce</i>		
Father's Name	<i>John Barnette Ryce</i>			Father's Birthplace	<i>dont know</i>
Mother's Maiden Name	<i>Mary L Welch</i>			Mother's Birthplace	<i>St Marys Co</i>
Name of person giving information	<i>Thos. V. Ryce</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

(91)
How long

Primary	<i>Chronic Bronchitis</i>	How long	<i>about 10 years</i>
Immediate	<i>Asthemia et Cardiac</i>	How long	<i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. L. Cecil</i>
		Address	<i>Wicomico Md.</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER



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Fannie Souverville

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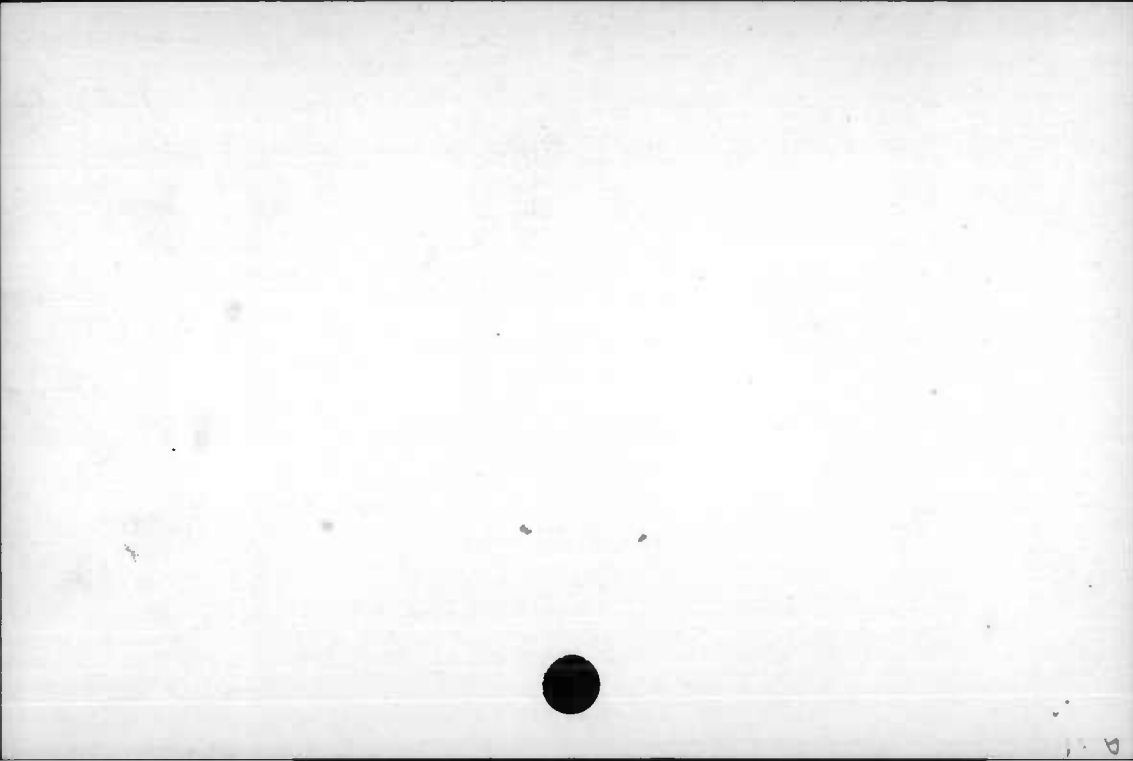
Died at <u>Compton</u> ^{Town}		<u>Harris</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>1</u> ^{Day} <u>26</u>		Age <u>73</u> ^{Years}		Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Harris Co</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Robt Souverville</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Harris Co</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Robt Souverville</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Old Age</u>	How long
Immediate <u>Cerebral Hemorrhage</u>	How long <u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos L. Gault</u>
	Address <u>Compton</u>
Accident or Suicide?	



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Susale Thomas St. Mary's

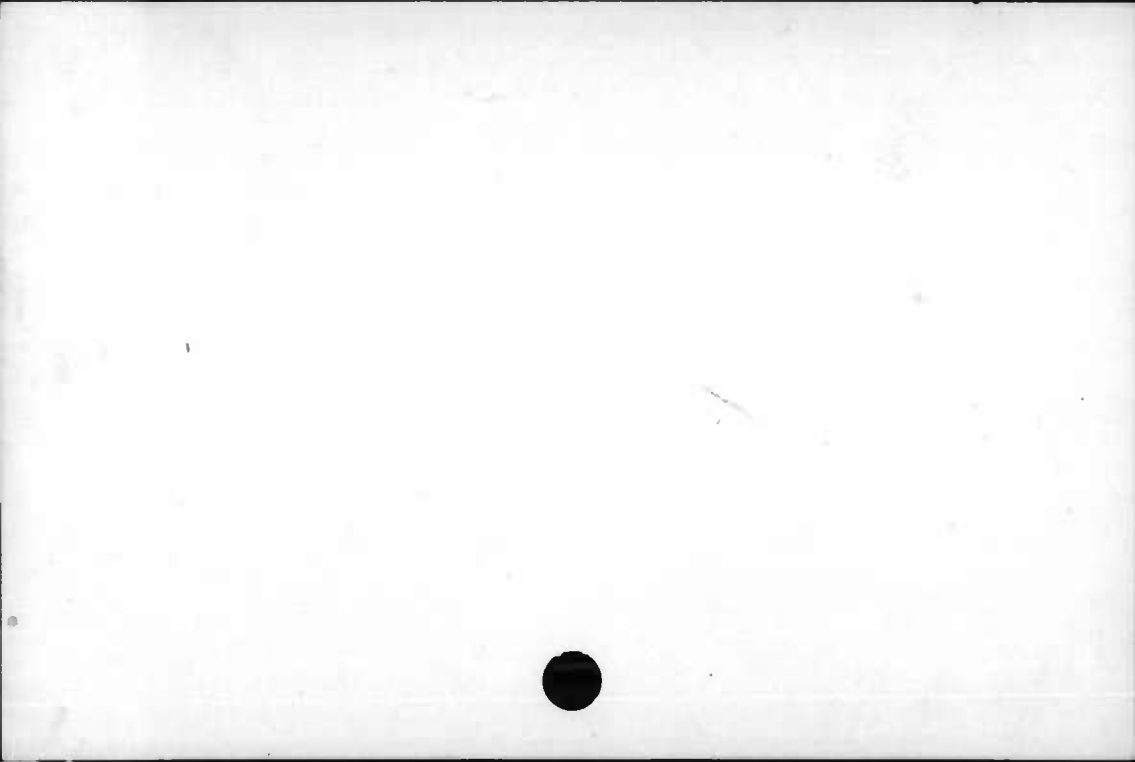
CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at <u>Palmer</u> Town		<u>St. Mary's</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>8</u>	Age <u>35</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Caucasian</u>	Birth-place <u>Unknown</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Richmond Thomas</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Richard Thomas</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>R. V. Palmer</u>	(27)		How related to deceased <u>none</u>		

CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Two years</u>
Immediate <u>Diarrhoea</u>	How long
Are the name, sex, color, date and place exactly given above? <u>yes</u>	Signature of Physician <u>R. V. Palmer</u>
	Address <u>Palmer, P. C.</u>
Accident or Suicide?	



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Mrs S D Wilson

CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at <u>Leonardtown</u> Town		<u>St Marys</u> County		MARYLAND	
Date of death	1908	Month	1	Day	14
Age		Years		Months	Days
73					
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Birth-place	<u>Unknown</u>				
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed	<u>Widowed</u>		Name of Wife or Husband <u>Unknown</u>		
Father's Name	<u>Unknown</u>		Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Name of person giving information	<u>Mrs F V King</u>		How related to deceased <u>No relation</u>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<u>La Grippe</u>	How long	<u>8</u>
Immediate	<u>Pneumonia</u>	How long	<u>6 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Thos Lynde</u>	
<u>yes</u>		Address <u>Leonardtown</u>	
Accident or Suicide?			

